



COUNTY OF FAIRFAX  
 Department of Planning and Zoning  
 Zoning Evaluation Division  
 12055 Government Center Parkway, Suite 801  
 Fairfax, VA 22035 (703) 324-1290, TTY 711  
[www.fairfaxcounty.gov/dpz/zoning/applications](http://www.fairfaxcounty.gov/dpz/zoning/applications)

APPLICATION No: SP 2014-LE-040  
 (Staff will assign)

RECEIVED  
 Department of Planning & Zoning

DEC 27 2013

### APPLICATION FOR A SPECIAL PERMIT

(PLEASE TYPE or PRINT IN BLACK INK)

Zoning Evaluation Division

APPLICANT	NAME <u>MUHAMMAD TANVEER BUTT / SUNNY DAY CARE TWO LLC</u>	
	MAILING ADDRESS <u>4311 Birchlake CT Alexandria Va 22309</u>	
	PHONE HOME ( ) <u>703 780 9460</u>	WORK ( ) <u>703 780 9460</u>
	PHONE MOBILE ( ) <u>703 340 9069</u>	EMAIL <u>tyzbtmm@verizon.net</u>
PROPERTY INFORMATION	PROPERTY ADDRESS <u>4311 Birchlake CT Alexandria Va 22309</u>	
	TAX MAP NO. <u>1011060187</u>	SIZE (ACRES/SQ FT) <u>4394</u>
	ZONING DISTRICT <u>R-8</u>	MAGISTERIAL DISTRICT <u>(Lee)</u>
	PROPOSED ZONING IF CONCURRENT WITH REZONING APPLICATION: <u>N/A</u>	
	ZONING ORDINANCE SECTION <u>8-305</u>	
SPECIAL PERMIT REQUEST INFORMATION	PROPOSED USE <u>Home child care</u>	
AGENT/CONTACT INFORMATION	NAME <u>N/A</u>	
	MAILING ADDRESS <u>N/A</u>	
	PHONE HOME ( ) <u>N/A</u>	WORK ( ) <u>N/A</u>
	PHONE MOBILE ( ) <u>N/A</u>	EMAIL <u>N/A</u>
MAILING	Send all correspondence to (check one): <input checked="" type="checkbox"/> Applicant -or- <input type="checkbox"/> Agent/Contact	
<p>The name(s) and addresses of owner(s) of record shall be provided on the affidavit form attached and made part of this application. The undersigned has the power to authorize and does hereby authorize Fairfax County staff representatives on official business to enter the subject property as necessary to process the application.</p> <p><u>Muhammad Butt</u>          TYPE/PRINT NAME OF APPLICANT/AGENT</p> <p><u>[Signature]</u>          SIGNATURE OF APPLICANT/AGENT</p> <p><u>Deborah Leubert</u>          411114          WR</p>		

DO NOT WRITE IN THIS SPACE

Date Application accepted: 4/11/14 Application Fee Paid: \$ 435.00

## SPECIAL PERMIT STATEMENT OF JUSTIFICATION

In order for the Board of Zoning Appeals to assess the proposed home child care against the Zoning Ordinance's standards for home child care facilities (which are provided in Attachment 3), you will need to provide a written statement describing the proposed home child care, and other necessary information, including specifically:

- A. Hours of operation (*for example – 7AM to 6PM, Monday through Friday*).
- B. Estimated number of children and largest number present at any one time, excluding the provider's own children.
- C. Proposed number of employees/attendants/teachers/etc. Indicate whether the employees work part-time or full-time (if part-time, please include their hours).
- D. Estimated drop-off and pick-up schedule and largest number of drop-offs and pick-ups at any one time (*for example, three children arrive at 7:15 AM while one child arrives at 8:00 AM*).
- E. Describe the general area or neighborhood which will be served by your child care (*do they live in your neighborhood, or come from outside areas?*).
- F. Describe how parents get to the child care (do they drive, walk or take a bus?) and where they may park (if they drive).
- G. Describe the dwelling and how the use will operate within the dwelling, including square footage dedicated to the home child care facility. Include a floor plan to show what areas of the dwelling will be used for the child care.
- H. Describe the outdoor play areas in order to supplement the information provided on the plat. If outdoor play areas are not located on the property, provide information about where the outdoor play will be provided and how the children will get to those playgrounds.
- I. If your neighborhood has a homeowners' association and you have received approval from them for your use, please include a copy of that approval.

Please be sure to read the General Standards; Sections 8-006 of the Zoning Ordinance (found on page 1 of Attachment 3) and the Special Standards for Home Child Care Facilities; Section 8-305 of the Zoning Ordinance (found on page 2 of Attachment 3). Take special care to ensure your statement addresses these standards. *Remember your statement of justification is your first impression to the Board of Zoning Appeals.*